

**CHAPTER 13 PLAN**  
**UNITED STATES BANKRUPTCY COURT**  
**SOUTHERN DISTRICT OF MISSISSIPPI**

CASE NO. 11-50832

Debtor **Pinky Anise Bowman** SS # XXX-XX- **5959** Current Monthly Income \$ **1856.00**  
 Joint Debtor \_\_\_\_\_ SS # XXX-XX- \_\_\_\_\_ Current Monthly Income \$ \_\_\_\_\_  
 Address **720 Grace Avenue; Hattiesburg, MS 39402** No. of Dependents **1**  
 Telephone No. **601-744-6519** TAX REFUNDS AND EIC FOR DISTRIBUTION: \_\_\_\_\_

**THIS PLAN DOES NOT ALLOW CLAIMS.** Creditors must file a proof of claim to be paid under any plan that may be confirmed, and the treatment of all secured / priority debts must be provided for in this plan.

**PAYMENT AND LENGTH OF PLAN**

The plan period shall be for a period of **48** months, not to exceed 60 months. Debtor or Joint Debtor will make payments directly to the Trustee ONLY if self-employed, unemployed, or the recipient of government benefits.

(A) Debtor shall pay \$ **479.00** per monthly to the Chapter 13 Trustee.

A payroll deduction order will be issued to Debtor's employer @:

**Sears, Roebuck & Co.**

**3333 Beverly Road**

**Hoffman Estates, IL 60179**

(B) Joint Debtor shall pay \$ \_\_\_\_\_ per (monthly / semi-monthly / weekly / bi-weekly) to the Chapter 13 Trustee.

A payroll deduction order will be issued to Debtor's employer @:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PRIORITY CREDITORS.** Filed claims that are not disallowed to be paid in full: IRS \$ \_\_\_\_\_ @ \$ \_\_\_\_\_ /mo  
 State Tax Commission \$ \_\_\_\_\_ @ \$ \_\_\_\_\_ /mo Other \$ \_\_\_\_\_ @ \$ \_\_\_\_\_ /mo

**DOMESTIC SUPPORT OBLIGATIONS (POST PETITION) DUE TO:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

beginning \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ per month shall be paid: \_\_\_\_\_ direct \_\_\_\_\_ through payroll deduction \_\_\_\_\_ through the plan.

**PREPETITION DOMESTIC SUPPORT ARREARAGE CLAIMS DUE TO:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

in the amount of \$ \_\_\_\_\_ shall be paid \$ \_\_\_\_\_ per month: \_\_\_\_\_ through payroll deduction \_\_\_\_\_ through the plan.

**HOME MORTGAGE(S)**

MTG PMTS TO: **Carrington Mortgage** BEGINNING **4/2011** @ \$ **360.00** ( ) PLAN (XX) DIRECT

MTG PMTS TO: \_\_\_\_\_ BEGINNING \_\_\_\_\_ @ \$ \_\_\_\_\_ ( ) PLAN ( ) DIRECT

MTG ARREARS TO: \_\_\_\_\_ THROUGH \_\_\_\_\_ \$ \_\_\_\_\_ @ \$ \_\_\_\_\_ /MO\*

MTG ARREARS TO: \_\_\_\_\_ THROUGH \_\_\_\_\_ \$ \_\_\_\_\_ @ \$ \_\_\_\_\_ /MO\*

Debtor's Initials **PAB** Joint Debtor's Initials \_\_\_\_\_

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**SECURED CLAIMS.** Creditors that have filed claims that are not disallowed are to retain lien(s) under 11 U.S.C. 1325(a)(5)(B)(i) until plan is completed and be paid as secured claimant(s) the sum set out in the column "Total Amt. to be Paid" or pursuant to Order of the Court. That portion of the claim not paid as secured shall be paid as an unsecured claim.

Creditor's Name	Collateral	Approx. Amt. Owed	Value	Intrst Rate	Total Amt. To Be Paid	Monthly Payment
<b>Chase Auto Finance</b>	<b>2007 Hyundai Santa Fe</b>	<b>\$23,389</b>	<b>\$15,952</b>	<b>7 %</b>	<b>\$18,335.52</b>	<b>\$381.59</b>
<b>Hattiesburg Finance</b>	<b>Household Goods</b>	<b>\$ 1800</b>	<b>\$ 100</b>	<b>%</b>	<b>Avoid Lien, Pay As</b>	
<b>Unsecured</b>						

**SPECIAL CLAIMANTS.** (Co-signed debts, collateral for abandonment, etc.) ON ABANDONED COLLATERAL, DEBTOR TO PAY ZERO ON SECURED PORTION OF DEBT. Where proposal is for payment, creditor must file a proof of claim to receive proposed payment.

Creditor's Name	Collateral or Type of Debt	Approx. Amt. Owed	Proposal to Be Paid

**SPECIAL PROVISIONS** for all payments to be paid through the plan, including, but not limited to, adequate protection payments:

**UNSECURED DEBTS** totaling approximately \$ 16,800 are to be paid in deferred payments to Creditors that have filed claims that are not disallowed: \_\_\_\_\_ IN FULL or 1 % (PERCENT) **Approximately.**

Total Attorney Fees Charged \$ 2800  
 Attorney Fees Previously Paid \$ 416  
 Attorney fees to be paid through the plan \$ 2384

Pay administrative costs and debtor's attorney fees pursuant to Court Order and/or local rules.

Name/Address/Phone # of Vehicle Insurance Co./Agent  
Allstate - Bernard Green  
17 Plaza Drive  
Hattiesburg, MS 39402  
 Telephone/Fax 601-264-1628

Attorney for Debtor (Name/Address/Phone # / Email)  
Paul B. Caston, MSB # 10086  
P.O. Box 1742  
Hattiesburg, MS 39403-1742  
 Telephone/Fax 601-544-2516 / 601-544-2517  
 E-mail Address paulcaston@gmail.com

DATE: 4/19/2011 DEBTOR'S SIGNATURE /s/ Pinky Anise Bowman

JOINT DEBTOR'S SIGNATURE \_\_\_\_\_

ATTORNEY'S SIGNATURE /s/ Paul B. Caston

Debtor's Initials PAB Joint Debtor's Initials \_\_\_\_\_

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